

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2006 OF THE CONDITION AND AFFAIRS OF THE

Grand Valley Health Plan, Inc.

NAIC Group Code _	0000	0000 (Prior Period)	NAIC Company Code _	95453	Employer's ID Number	38-2396958			
Organized under the I	(Current Period)	(Prior Period) Michigan	Sta	to of Domicilo o	or Port of Entry	Michigan			
Country of Domicile		Wildingan	,	ed States	TOIL OF LINEY	Wilchigan			
•	hypo: Life Appid	ent & Health []			ol Sanciae Corneration []				
Licensed as business t	,		. , ,		al Service Corporation []	r v 1			
		vice Corporation []			h Maintenance Organization				
	Hospitai, i	viedicai & Dentai Sei	vice or Indemnity []	IS HIV	10, Federally Qualified? Yes	[] NO[X]			
Incorporated/Organize	ed	12/03/1981	Commen	ced Business	02/05/19	982			
Statutory Home Office		829 Forest Hill	s Ave SE		Grand Rapids, MI 4	9546			
		(Street and N	umber)		(City or Town, State and Zip	Code)			
Main Administrative Of	ffice		82	9 Forest Hills A					
	Grand Rapids, M			(Street and Number)	616-949-2410				
	(City or Town, State and	. ,		(Area Code) (Telephone Number)				
Mail Address		Forest Hills Ave SE and Number or P.O. Box)			Grand Rapids, MI 49546 (City or Town, State and Zip Code				
Primary Location of Bo	•	,		829 For	est Hills Ave	,			
-		1.40546			and Number) 616-949-2410-122				
	Grand Rapids, M (City or Town, State and			(.	Area Code) (Telephone Number)				
Internet Website Addre	ess			gvhp.com					
Statutory Statement Co	ontact	Pamela Lea	Silva		616-949-2410-122				
	silvap@gvhp.	(Name)			(Area Code) (Telephone Number) (616-949-9948	Extension)			
	(E-mail Addres				(FAX Number)				
Policyowner Relations	Contact		829	Forest Hills Av	e SE				
	Grand Rapids, M		d Number)		616-949-2410				
	(City or Town, State and			(Area 0	Code) (Telephone Number) (Extension	1)			
			OFFICERO						
Name		Title	OFFICERS	Name		Title			
Roland E Pal	lmer , _	Presiden	t	Thomas W Sch	nouten , Trea	surer/Secretary			
Pamela L Si	ilva,	Director of Ope			· · · · · · · · · · · · · · · · · · ·				
			OTHER OFFICE	ERS					
		DIRI	ECTORS OR TR	USTEES					
Roland E Pa		Thomas W Sc	houten	James T Ker					
Carole Nug Kathy L Ler		Pamela L S	ilva	Margaret Sude	kum He	rbert A Start			
Rainy L Lei	ILE								
State of	Michigan		S						
County of	Kent								
above, all of the herein de this statement, together w of the condition and affair completed in accordance that state rules or regulation respectively. Furthermore,	escribed assets were ith related exhibits, s s of the said reportin with the NAIC Annua ons require difference the scope of this att natting differences du	the absolute property of chedules and explanation of the report of the r	f the said reporting entity, fre ons therein contained, annex ting period stated above, and and Accounting Practices are to do accounting practices are do officers also includes the	e and clear from a ed or referred to is I of its income and Ind Procedures mand Id procedures, accordated corresponders	said reporting entity, and that on any liens or claims thereon, except is a full and true statement of all the deductions therefrom for the per inual except to the extent that: (1) cording to the best of their information ding electronic filing with the NAM hay be requested by various regul	ot as herein stated, and that the assets and liabilities and griod ended, and have been state law may differ; or, (2) ation, knowledge and belief, C, when required, that is an			
Roland E Palmer President			Thomas W Schout Treasurer/Secreta		Pamela Director of				
				a. Is t	a. Is this an original filing?				
	subscribed and sworn to before me this 27 day of February, 2007				no, State the amendment numbe Date filed				
					Number of pages attached				
Ruth Ann Klinger Notary May 8, 2008									

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

EXHIBIT E AGGIDENT AND TEACHTTI NEIMIGING DOL AND GITT AID											
1	2	3	4	5	6	7					
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted					
0199999 Total individuals	1,741	938	933	733	733	3,612					
Group subscribers: OPM Feds											
OPM Feds						206 , 177					
St. Johns Home		44.218				44,218					
0299997 Group subscriber subtotal	.206,177	44,218	0	0	0	.250,395					
0299998 Premiums due and unpaid not individually listed	63,548	4.141	1,073	5.036	5,036						
0299999 Total group	269,725	48.359	1.073	5.036	5.036	319,157					
0399999 Premiums due and unpaid from Medicare entities	200,720		1,070		,0,000						
0499999 Premiums due and unpaid from Medicaid entities											
	074 400	40, 207	2,000	F 700	F 700	222 700					
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	271,466	49,297	2,006	5,769	5,769	322,769					

EXHIBIT 3 - HEALTH CARE RECEIVABLES

EXHIDIT 3 - HEALTH CARE RECEIVABLES												
1	2	3	4	5	6	7						
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	5 Over 90 Days	Nonadmitted	Admitted						
Individually Listed Receivables: Wyeth Pfzier 0199999 - Totals - Pharmaceutical rebate receivables												
Wyeth	5,757 7,394	5,757 7,393	16,594 49,731	7,957	7,957 6,864	28 , 108 64 , 518						
Pfzier			49,731	6,864		64,518						
0199999 - Totals - Pharmaceutical rebate receivables	13,151	13,150		14,821	14,821	92,626						
AIM Healthcare	14,696					14,696						
AIM Healthcare	14,696					14,696						
												
					 							
0799999 Gross health care receivables	07.047	40,450	00.005	44.004	44.004	407.000						
U/99999 GIOSS HEARTH CARE TECETVADIES	27,847	13,150	66,325	14,821	14,821	107,322						

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims												
1	2	3	4	5	6	7						
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total						
Claims Unpaid (Reported)	1											
μοм					469,000	469,000						
	•											
	•											
	•											
	-											
0199999 Individually listed claims unpaid.	0	0	0	0	469,000	469,000						
0299999 Aggregate accounts not individually listed-uncovered.					100,000	0 0						
0399999 Aggregate accounts not individually listed-covered	584,250	16,710	2,006		0	602,966						
0499999 Subtotals	584,250	16,710	2,006	0	469,000	1,071,966						
0599999 Unreported claims and other claim reserves	001,200	10,110	2,000	<u> </u>	100 1000	2,995,590						
0699999 Total amounts withheld						2,000,000						
0799999 Total claims unpaid												
0899999 Accrued medical incentive pool and bonus amounts						4,067,556						
vosasas Accrued medical incentive pool and bonus amounts						U						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually Listed Receivables: Grand Valley Health Facilities Grand Valley Health Management Grand Valley Health Corporation Grand Valley Tech. Services	675					675	
Grand Valley Health Management	4.165					4,165	
Grand Valley Health Corporation	10,408					10,408	
Grand Valley Tech. Services	128,513					128,513	
			ļ	· 			
0199999 Individually listed receivables	143,761	0	J	0	0	143,761	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	143,761	0	0	0	0	143,761	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Grand Valley Health FacilitiesGrand Valley Health Corporation	Dec Soda Fountain Charges	1,957	1,957	
Grand Valley Health Corporation	Dec Admin Charge and Dec. ESOP Payment	19,931	19,931	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
		04.000	04.000	
0199999 Individually listed payables.		21,888	21,888	0
0299999 Payables not individually listed				
0199999 Individually listed payables		21,888	21,888	0

EXHIBIT 7 PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT TEACH TO COMMENT OF THATCHOROUS WITH THOUSE TO												
Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers						
Capitation Payments:												
Medical groups	0	0.0	0	0.0	0	(
2. Intermediaries	0	0.0		0.0								
3. All other providers		0.5	154,745	1,322.8	0	173,428						
Total capitation payments		0.5	154,745	1,322.8	0	173,428						
Other Payments:			·			·						
5. Fee-for-service	1,765,203	5.0	XXX	XXX	1,765,203							
Contractual fee payments		53.8	XXX	XXX	19,162,898							
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX								
Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX								
9. Non-contingent salaries	14,518,806	40.8	XXX	XXX	14,518,806							
10. Aggregate cost arrangements	0	0.0	XXX	XXX								
11. All other payments	0	0.0	XXX	XXX								
12. Total other payments	35,446,907	99.5	XXX	XXX	35,446,907							
13. Total (Line 4 plus Line 12)	35,620,335	100 %	XXX	XXX	35,446,907	173,42						

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT 7-1 AKT 2-00MMAKT OF TRANSACTIONS WITH INTERMEDIANCE													
1	2	3	4 Average Monthly Capitation	5	6 Intermediary's Authorized Control Level RBC									
			Monthly	Intermediary's	Authorized									
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Intermediary's Total Adjusted Capital	Control Level RBC									
	· · · · · · · · · · · · · · · · · · ·		30,000	· otali injunita napitali	00111101 =010111 = 0									
9999999 Totals		0	XXX	XXX	XXX									

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	1,135,117		1,118,331		16,786	
Medical furniture, equipment and fixtures	1,536,139		1,461,110			75,029
Pharmaceuticals and surgical supplies	355 , 583					355,583
4. Durable medical equipment						
5. Other property and equipment	561,629		412,637			148,992
6. Total	3,588,468	0	2,992,078	0	16,786	579,604



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Grand Valley Health Plan, Inc.

2.

NAIC CONTRACTOR OF THE OTATE OF	NT Minkings				DUDING THE VE	A.D. 2000				(LOCA	TION)	O - d -	05450
NAIC Group Code 0000 BUSINESS IN THE STATE C	F Michigan	Compre	hensive		DURING THE YE	AR 2006		1			NAIC Compa	ny Code	95453
	1	(Hospital		4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	15,546	183	13,712				1,651						
2 First Quarter	13,446	172	11,584				1,690						
3 Second Quarter	12,917	155	11,082				1,680						
4. Third Quarter	12,545	141	10,741				1,663						
5. Current Year	11,698	132	9,922				1,644						
6 Current Year Member Months	154,745	1,853	132,131				20,761						
Total Member Ambulatory Encounters for Year:													
7. Physician	46,871	848	39,305				6,718						
8. Non-Physician	18,140	327	15,163				2,650						
9. Total	65,011	1,175	54,468	0	0	0	9,368	0	0	0	0	0	0
10. Hospital Patient Days Incurred	2,293	6	1,975				312						
11. Number of Inpatient Admissions	645	2	556				87						
12. Health Premiums Written	39,445,441	567 , 603	32,673,183				6,204,655						
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	39,915,144	563,258	33 , 147 , 231				6,204,655						
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	35,620,335	426 , 537	30 , 414 , 879				4,778,919						
18. Amount Incurred for Provision of Health Care Services	35,383,671	510,218	29,297,528				5,575,925						

(a) For health business: number of persons insured under PPO managed care products _____and number of persons under indemnity only products _____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Grand Valley Health Plan, Inc.

NAIC Group Code 0000 BUSINESS IN THE STATE OF C	up Code 0000 BUSINESS IN THE STATE OF Consolidated DURING THE YEAR 2006 (LOCATION) NAIC Company Code												
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	15,546	183	13,712	0	0	0	1,651	0	0	0	0	0	0
2 First Quarter	13,446	172	11,584	0	0	0	1,690	0	0	0	0	0	0
3 Second Quarter	12,917	155	11,082	0	0	0	1,680	0	0	0	0	0	0
4. Third Quarter	12,545	141	10,741	0	0	0	1,663	0	0	0	0	0	0
5. Current Year	11,698	132	9,922	0	0	0	1,644	0	0	0	0	0	0
6 Current Year Member Months	154,745	1,853	132,131	0	0	0	20,761	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	46,871	848	39,305	0	0	0	6,718	0	0	0	0	0	0
8. Non-Physician	18,140	327	15,163	0	0	0	2,650	0	0	0	0	0	0
9. Total	65,011	1,175	54,468	0	0	0	9,368	0	0	0	0	0	0
10. Hospital Patient Days Incurred	2,293	6	1,975	0	0	0	312	0	0	0	0	0	0
11. Number of Inpatient Admissions	645	2	556	0	0	0	87	0	0	0	0	0	0
12. Health Premiums Written	39,445,441	567,603	32,673,183	0	0	0	6 , 204 , 655	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	39,915,144	563 , 258	33 , 147 , 231	0	0	0	6 , 204 , 655	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	35,620,335	426 , 537	30 , 414 , 879	0	0	0	4,778,919	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	35,383,671	510,218	29,297,528	0	0	0	5,575,925	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons under indemnity only products _____0

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1.	Book/adjusted carrying value, December 31, prior year	1,251,834
2.	Increase (decrease) by adjustment:	
	2.1 Totals, Part 1, Column 11	(216, 254)
	2.2 Totals, Part 3, Column 7	0
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	0
4.	Cost of additions and permanent improvements:	
	4.1 Totals, Part 1, Column 14.	
	4.2 Totals, Part 3, Column 9	0
5.	Total profit (loss) on sales, Part 3, Column 14	0
6.	Increase (decrease) by foreign exchange adjustment:	
	6.1 Totals, Part 1, Column 12	0
	6.2 Totals, Part 3, Column 8	0
	Amounts received on sales, Part 3, Column 11 and Part 1, Column 13	
8.	Book/adjusted carrying value at end of current period	1,035,580
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	1,035,580
11.	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	1,035,580

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year
2.	Amount loaned during year:
	2.1 Actual cost at time of acquisitions
	2.2 Additional investment made after acquisitions0
3.	Accrual of discount and mortgage interest points and commitment fees
4.	Increase (decrease) by adjustment
5.	Total profit (loss) on sale
6.	Amounts paid on account or in full during the year
7.	Amortization of premium
8.	Increase (decrease) by foreign exchange adjustment
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period
10.	Total valuation allowance
11.	Subtotal (Lines 9 plus 10)
12.	Total nonadmitted amounts
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Long-Term Invested Assets

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	/49,388
2.	Cost of acquisitions during year:	
	2.1 Actual cost at time of acquisitions	
	2.2 Additional investment made after acquisitions	0
3.	Accrual of discount	
4.	Increase (decrease) by adjustment	(60,312)
	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book/adjusted carrying value of long-term invested assets at end of current period	689 , 076
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	0
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)	689,076

Schedule D - Part 1A - Section 1 NONE

Schedule D - Part 1A - Section 2

NONE

SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS

	Short-Term Investments				
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliate
Book/adjusted carrying value, prior year	1,075,359	0	0	1,075,359	
Cost of short-term investments acquired	0				
Increase (decrease) by adjustment	(70,949)			(70,949)	
Increase (decrease) by foreign exchange adjustment	0				
Total profit (loss) on disposal of short-term investments	0				
Consideration received on disposal of short-term investments	0				
Book/adjusted carrying value, current year	1,004,410	0	0	1,004,410	
8. Total valuation allowance	0				
9. Subtotal (Lines 7 plus 8)		0	0	1,004,410	
10. Total nonadmitted amounts	0				
11. Statement value (Lines 9 minus 10)	1,004,410	0	0	1,004,410	
12. Income collected during year	0				
13. Income earned during year	0				

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY

NONE

Schedule DB - Part C - VBY NONE

Schedule DB - Part D - VBY NONE

Schedule DB - Part E - VBY NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

SCHEDULE S - PART 2

	Reins	urance Recoveral	ole on Paid and Unpaid Losses Listed by Re	insuring Company as of December 31, Curre	nt Year	
1	2	3	4	5	6	7
NAIC						
Company	Federal ID					
Code	Number	Effective Date	Name of Company	Location		Unpaid Losses
0499999 - Accid	dent and Health	- Affiliates			0	
22667	95-2371728	07/01/2006	ACE American Insurance Company	Pennsylvania	100 , 197	
0599999 - Accid	dent and Health N	Non-Affiliates			100,197	
0699999 - Total	ls - Accident and	d Health			100,197	
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ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Grand Valley Health Plan, Inc.

SCHEDULE S - PART 3 - SECTION 2
Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

13	Funds Withheld	Under Coinsurance																		
12	Modified Coinsurance	Reserve																		
Surplus Relief	-	Prior Year																		
Outstanding Surplus Relief	10	Current Year																		
6	Reserve Credit Taken Other than for	Unearned Premiums																		
8	Reserve Credit Unearned Premiums Taken Other than for	(Estimated)																		
7			484,281	484,281	484,281	484,281														484,281
9		Type	1/1/TSS																	
വ		Location	Pennsylvania																	
4			ACE American Insurance Company	ıt – Affiliates	Į.	- Total Authorized and Unauthorized General Account														
3		Effective Date	07/01/2006	d General Account	Total Authorized General Account	1 and Unauthoriz														
2	Federal ID	Number	95-2371728	Total Authorized		Total Authorized														Totals
-	NAIC Company	Code	22667	0199999 -	0399999	- 6666620														1599999 Totals

SCHEDULE S - PART 4

-	_	_	
Reinsurance	Ceded to	Unauthorized	Companies

Reinsurance Ceded to Unauthorized Companies													
1	2	3	4	5	6	7	8	9	10	11	12	13	14 Sum of Cols
NAIC					Paid and Unpaid Losses Recoverable					Funds Deposited by and Withheld from			9+10+11+12+13
Company	Federal ID Number	Effective		Reserve Credit	Losses Recoverable		Total			and Withheld from		Miscellaneous	But Not in
Code	Number	Date	Name of Reinsurer	Taken	(Debit)	Other Debits	(Cols. 5+6+7)	Latters of Credit	Trust Agreements	Reinsurers	Other	Balances (Credit)	Excess of Col. 8
Code	Number	Date	Name of Remsuler	Taken	(Debit)	Other Debits	(Cois. 5+0+7)	Letters of Credit	Trust Agreements	Remsulers	Other	Balances (Credit)	EXCESS OF COL. 6
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1199999	Total	-											
1.100000													

Schedule S-Part 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	(000 Officea)													
		1 2006	2 2005	3 2004	4 2003	5 2002								
Α.	OPERATIONS ITEMS													
1.	Premiums	484	486	685	410	333								
2.	Title XVIII-Medicare	0	0	0	0	0								
3.	Title XIX-Medicaid	0	0	0	0	0								
4.	Commissions and reinsurance expense allowance		0	0	0	0								
5.	Total hospital and medical expenses		0	0	0	0								
В.	BALANCE SHEET ITEMS													
6.	Premiums receivable		0	0	0	0								
7.	Claims payable		0	0	0	0								
8.	Reinsurance recoverable on paid losses	100	318	563	587	525								
9.	Experience rating refunds due or unpaid		0	0	0	0								
10.	Commissions and reinsurance expense allowances unpaid		0	0	0	0								
11.	Unauthorized reinsurance offset	0	0	0	0	0								
	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)													
12.	Funds deposited by and withheld from (F)	0	0	0	0	0								
13.	Letters of credit (L)	0	0	0	0	0								
14.	Trust agreements (T)	0	0	0	0	0								
15.	Other (O)	0	0	0	0	0								

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported	2 Restatement	3 Restated
		(net of ceded)	Adjustments	(gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	9,846,436		9,846,436
2.	Accident and health premiums due and unpaid (Line 13)	322,769		322,769
3.	Amounts recoverable from reinsurers (Line 14.1)	100 , 197		100 , 197
4.	Net credit for ceded reinsurance	xxx	100 , 197	100 , 197
5.	All other admitted assets (Balance)	1,395,598		1,395,598
6.	Total assets (Line 26)	11,665,000	100,197	11,765,197
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	4,067,556	0	4,067,556
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	633,306		633,306
10.	Reinsurance in unauthorized companies (Line 18)	0		0
11.	All other liabilities (Balance)	1,726,279		1,726,279
12.	Total liabilities (Line 22)	6,427,141	0	6 , 427 , 141
13.	Total capital and surplus (Line 31)	5,237,859	XXX	5,237,859
14.	Total liabilities, capital and surplus (Line 32)	11,665,000	0	11,665,000
	NET CREDIT FOR CEDED REINSURANCE			
15.	Claims unpaid	0		
16.	Accrued medical incentive pool	0		
17.	Premiums received in advance	0		
18.	Reinsurance recoverable on paid losses	100 , 197		
19.	Other ceded reinsurance recoverables	. 0		
20.	Total ceded reinsurance recoverables	100,197		
21.	Premiums receivable	0		
22.	Unauthorized reinsurance	0		
23.	Other ceded reinsurance payables/offsets	0		
24.	Total ceded reinsurance payables/offsets	0		
25.	Total net credit for ceded reinsurance	100,197		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated by States and Territories

Allocated by States and Territories Direct Business Only										
		1 Life (Group and	2 Annuities (Group	3 Disability Income (Group and	4 Long-Term Care (Group and	5 Deposit-Type	6			
States, Etc.		Individual)	and Individual)	Individual)	Individual)	Contracts	Totals			
1. Alabama										
2. Alaska	AK									
3. Arizona	AZ									
4. Arkansas	AR									
5. California	CA									
6. Colorado										
7. Connecticut										
8. Delaware										
District of Columbia										
10. Florida										
11. Georgia	GA									
12. Hawaii										
13. Idaho	ID									
14. Illinois						ļ	ļ			
15. Indiana	IN									
16. lowa	A									
17. Kansas	KS									
18. Kentucky										
19. Louisiana										
20. Maine	ME									
21. Maryland										
22. Massachusetts										
•	MI									
24. Minnesota	MN									
25. Mississippi	MS									
26. Missouri	MO									
27. Montana	MT									
28. Nebraska	NF									
29. Nevada										
30. New Hampshire										
31. New Jersey										
32. New Mexico										
33. New York										
34. North Carolina	NC									
35. North Dakota	ND									
36. Ohio	OH									
37. Oklahoma	OK									
38. Oregon										
39. Pennsylvania										
40. Rhode Island		• • • • • • • • • • • • • • • • • • • •								
41. South Carolina										
42. South Dakota			ļ			}	}			
43. Tennessee	TN									
44. Texas	TX									
45. Utah	T									
46. Vermont	VT									
47. Virginia	VA									
48. Washington	WA									
49. West Virginia										
50. Wisconsin										
						<u> </u>	ļ			
51. Wyoming										
52. American Samoa										
53. Guam										
54. Puerto Rico										
55. U.S. Virgin Islands	VI									
56. Northern Mariana Islands										
57. Canada										
57. Canada58. Aggregate Other Alien										

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SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES											
1	2	3	4	5	6	7 Income/	8	9	10	11	12	13
NAIC Company Code	Federal ID Number 38-3265342 38-3247943 38-3247950	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Agreements and	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	38-3265342	Grand Valley Health Management. Grand Valley Health Management. Grand Valley Health Facilities. Grand Valley Health Plan Grand Valley Technical Services. Grand Valley Health Corporation.						Ü			829 500	` '
	38-3247943	Grand Valley Health Management					(8,532)			•	(8,532) 1,933,224	
	38-3247950	Grand Valley Health Facilities					1,933,224			•	1,933,224	
95453	38-2396958 38-3668000 38-3255342	Grand Valley Health Plan					(4,023,228)				(4,023,228)	
	38-3668000	Grand Valley Technical Services.					1,269,036				1,269,036	
	38-3255342	Grand Valley Health Corporation									0	
												
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9999999 Co	ontrol Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.		YES
0	JUNE FILING	VEC
which t	Will an audited financial report be filed by June 1? lowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code ment is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory.	e will be printed below. If the
	MARCH FILING	
9.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
10.		NO
11.		NO
12.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	N0N0
13.		JNU
14.	APRIL FILING Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?	NO
15.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
16.		NO
	ANATION:	
9.		
12. 13. 14. 15.		
BAR C	ODE:	
9.10.11.12.13.14.		
15.		

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